

Snow Hill (Main Office) 410-632-1100 Fax 410-632-0906 TTY 410-632-1100

P.O. Box 249 • Snow Hill, Maryland 21863-0249
www.worcesterhealth.org

Deborah Goeller, R.N., M.S. Health Officer

# Worcester County Talking Points-Heroin and Opioid Emergency Task Force June 10, 2015 Dr. Andrea Mathias, Deputy Health Officer

#### **Public Health Perspectives**

The Opioid Overdose Fatality Review Team reviews OCME data for Opioid related deaths in Worcester County.

- In 2014 78.5% of all overdose deaths in Worcester were opioid related.
- The number of opioid related deaths **doubled** from 2013 to 2014 (from 6 to **14** deaths)
- Deaths from both prescription opioids and "street" opioids (heroin and cocaine) continue to increase in Worcester between 2011 and 2014. Worcester County has **not** seen the downward trend in prescription opioid deaths that is reported statewide.
- In Worcester, the absolute number of deaths related to opioids may seem small, but crude opioid overdose death rates for Worcester approaches that of other seriously affected areas like Baltimore County.
- Our Addictions treatment providers and Law enforcement see an increase in heroin trafficking and use, specifically with a trend for IV use as the preferred method.
- The CDC recently released a public health advisory about rising rates of HIV and Hepatitis C infections in locations where IV heroin use escalates. Rural communities are highlighted as especially vulnerable. We are concerned that Worcester is at risk for this public health crisis.



Snow Hill (Main Office) 410-632-1100 Fax 410-632-0906 TTY 410-632-1100

Deborah Goeller, R.N., M.S. Health Officer

### Worcester County Talking Points-Heroin and Opioid Emergency Task Force June 10, 2015 Dr. Andrea Mathias, Deputy Health Officer

## Worcester's Opioid related deaths represent individuals from two demographic groups.

There are unique features of Worcester County which dictate our response. We have the state's largest resort town, as well as the highest proportion of our county's population over the age of 65. These two population groups are:

- Younger people who may be falling under the misguided impression that opioid use is a normative part of youthful experimentation and
- Older adults who may be at significant risk of drug to drug interactions and accidental opioid dependence or overdose when opioids are legitimately prescribed.

#### **Proposed Solutions:**

There are many ongoing efforts in Prevention; Treatment and Public Health communities. The following are focused requests for statewide policy evaluation or public outreach assistance:

- Naloxone Training- Currently provided, but too few people at risk actually take the training. Need to encourage people to do so. Ongoing funding for the doses and training is also needed.
- Preventive Public education to a) youth- experimentation with opioids is particularly dangerous, addicting and potentially life-shattering, b) adults- be aware of prescription drug interactions and availability of Naloxone.
- Treatment Options: Funding for Vivitrol treatment, which is highly effective, and not possible to abuse or divert. Treatment is cost prohibitive at this time. Examine insurance coverage and grant funding options.
- Hepatitis C and HIV screening and treatment- we already see increased demand for these services, but already have provider shortages in the area.